

**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

		Attorney Docket N .	DALS001
		First Named Inventor	Troy A. DALSING
COMPLETE IF KNOWN			
		Application Number	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing		Filing Date	HEREWITH
		Group Art Unit	
		Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

REUSABLE CONTAINER FOR CONTACT LENSES AND OTHER MATERIALS

the specification of which

is attached hereto

OR

was filed on
(MM/DD/YYYY)

and was amended on
(MM/DD/YYYY)

(if applicable)

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I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C § 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Appl. No.(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

Application Number(s) Filing Date (MM/DD/YYYY)

DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any U.S. application(s) or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent No.	Parent Filing Date (MM/DD/YY)	Parent Patent No. (If applicable)

Additional U.S. or PCT international application nos. listed on PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith:

Customer Number 25235 Place bar code label here

OR

Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental sheet PTO/SB/02C attached hereto.

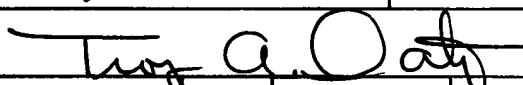
Direct all correspondence to: Customer Number 25235 OR Correspondence address below
or Bar Code Label

Name						
Address						
City			State	ZIP		
Country	Telephone			Fax		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any])	Family Name or Surname		
Troy A.	DALISING		

Inventor's Signature					Date	8/26/03
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Residence City	Calhan	State	CO	Country	US	Citizenship	US
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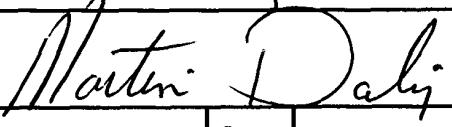
Mailing Address	29175 Paint Mine Road						
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City	Calhan	State	CO	ZIP	80808	Country	US
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Additional inventors are named on 1 supplemental additional inventor(s) sheet(s) PTO/SB/02A attached

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Martin		DALISING						
Inventor's Signature							8/22/03 Date	
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Post Office Address								
City	Grand Junction	State	CO		ZIP	81503	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Inventor's Signature							Date	
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Inventor's Signature							Date	
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		